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В. НИКТ С.2/20/21/

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	:	12000000019	5		
	REFERENCE	:	312765	7482226		
	AUTHORIZATION	:	Hombelle	na la	1	
	COST LIMIT	:	\$ (35.00			
ORDER DATE :	February 9, 2024					;
ORDER TIME :	10:54 AM					
ORDER NO. :	312765-101					
CUSTOMER NO:	7482226					
	CHANGE OF A	<u>GEN'</u>	<u>r</u>		г.т. г.т.	<u>دم</u>

NAME: MOSAIC USA HOLDINGS INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: <u>MOSAIC USA HOLDINGS INC</u>.

2. The principal office address: 101 East Kennedy Boulevard, Suite 2500, Tampa, FL 33602

3. The mailing address (if different): _____

4. Date of incorporation/qualification: ____09/16/2020 _____ Document number: ____F2000004031

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

	C T Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324	
6. The name and (if changed)	nd street address of the new registered ag	ent (if changed) and /or registered off	ice
	Corporation Service Company		
	1201 Havs Street		

P.O. Box NOT acceptable

Tallahassee

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

enature of an officer or director

Jill Cilmi, Vice President

FL 32301

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Corporation Service Company

By: ignature of Registered Agent

02/20/2024

Date

If signing on behalf of an entity:

Ami M. Casper, Asst. Vice President

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314